XI. INFORMATION AND ASSISTANCE (I&A) FOR OLDER AND DISABLED ADULTS

Current Provider(s):					
Funding Sources:					
Total Funding Last Fiscal Year:					
Number of Callers Last Fiscal Year:					
A Examples					
A. EXISTENCE					
Are these services available to older and					
disabled adults in your community?	3.7				N.T.
Does your community have at least one I&A program that	Υe	es]	No
houses information specific to older adults?	1 7				A T
Does your community have at least one I&A program that	Υe	es]	No
houses information specific to disabled adults?	T 7				
If there is no I&A program in your community, is there a	Ye	es]	No
regional information number, or one in a neighboring county,					
that includes information about services available to older and					
disabled adults in your community?					
To what extent are the I&A programs in your community	1	2	3	4	5
participating in 211 efforts, if applicable?					
OVERALL EXISTENCE RATING	1	2	3	4	5
Comments on Existence:					

B. ADEQUACY							
Are these services in sufficient supply for those who							
1. To what extent do the I&A programs encompass all	1	2	3	4	5		
services available in the community?							
(How is the database/list of local, state, federal resouces or providers updated? How often? What types of programs and services does the database/list include? Does the database/list include all community services?)							
2. How sufficient are the hours of operation? Is assistance	1	2	3	4	5		
available during nights and/or weekends?							
(What are the times and days of I&A services? What automated messages do callers receive during and after hours? Is there a number to call in case of emergency?)							
3. To what extent can a caller access a "real" person whenever they desire?	1	2	3	4	5		
(How is the phone answered during work hours? If an automated message is used, do callers have the option of dialing "0" (or some other method) to access a live person? How is the phone answered after work hours and on weekends?)							
4. Do the I&A providers use computer software, such as IRIS, to manage consumer and provider information?	1	2	3	4	5		
(What software is used to manage the I&A system? Is it adequate for the providers' and the consumers' needs?)							
5. To what extent do the I&A programs offer an on-line option?	1	2	3	4	5		
(Are the database/lists on the web? What types of information are on the web? Does the general public have access? Do other providers in the community have access? How often is the web-based information updated?)							
6. To what extent are the I&A databases linked to a regional or statewide I&A database?	1	2	3	4	5		
7. To what extent do the I&A providers document unmet needs?	1	2	3	4	5		
(What records are kept on the status of the I&A requests [e.g., no referral made, follow-up, etc.]? Is this information relayed to							

decision-making bodies in the county?)					
OVERALL ADEQUACY RATING	1	2	3	4	5

	C. ACCESSIBILITY How obtainable are these services for those most in need?							
		ı						
1.	How adequate are the outreach programs conducted by the	1	2	3	4	5		
	I&A providers for the general public in your community?							
	(What types of outreach and public information programs are offered to the general public and caregivers? What % of callers are seeking services for themselves, family, or friends?)							
2.	How adequate are the outreach programs conducted by the	1	2	3	4	5		
	I&A providers for health and mental health professionals							
	and other service organizations?							
	(What types of outreach and public information are offered to health and social service professionals? What % of callers are seeking services for consumers?)							
3.	To what extent are I&A outreach activities conducted in	1	2	3	4	5		
	languages other than English?							
	(What languages are materials printed in? Is web based information available in languages other than English?)							
4.	To what degree are I&A public communications and	1	2	3	4	5		
	outreach activities consumer-friendly?							
	(What is the average reading level of materials? Are materials available in large print, Braille, etc.?)							
5.		1	2	3	4	5		
	caregivers know about the I&A programs in your							
	community?							
	(Have there been any surveys to test the public's knowledge of I&A services? What indications of public knowledge are you aware of? Do people in your neighborhood, faith community, civic groups, etc. know about the I&A services?))							
6.	To what degree are the I&A programs' physical location	1	2	3	4	5		
	accessible to all people with disabilities?			-				
	(Do I&A providers have TDD/TTY?)							
7.	To what extent do the I&A programs make use of different	1	2	3	4	5		
	avenues for people to access their services (such as							
	hotlines, published directories, walk-in appointments, home							
	visits, websites, and satellite locations)?							

8. To what extent are I&A programs able to help consumers who do not speak English?	1	2	3	4	5
(How many members of the staff are able to communicate in Spanish? If none, are there Spanish translators available? Is there a community of older and/or disabled adults in your community who speak a language other than English or Spanish [e.g. Vietnamese? Portuguese? Russian?]? If so, does anyone on your staff speak these languages? If not, are there translators available?)					
OVERALL ACCESSIBILITY RATING	1	2	3	4	5

D. EFFICIENCY AND DUPLICATION OF SERVICES								
How reasonable are the costs of services?								
Are options for streamlining services available in the community?								
1. To what extent do the I&A providers utilize cost-savings	1	2	3	4	5			
practices such as volunteer labor and/or donated spaces?								
(What % of the budget comes from volunteer labor, donated space, etc.? What are the trade-offs in using volunteer labor?)								
2. To what extent do the I&A providers use budget-extending	1	2	3	4	5			
practices, such as fundraisers, foundation grants, or								
memorial gifts to serve more consumers?								
(What % of the budget comes from fundraisers, grants, memorial gifts, etc.?)								
OVERALL EFFICIENCY AND DUPLICATION RATING	1	2	3	4	5			

E. Equity					
How available are these services to all who need them w	ithou	ıt bi	ias?		
1. To what extent are I&A services available to all geographic	1	2	3	4	5
areas in your community?					
(Do I&A databases/lists include services in all areas of your community? Do callers seem to represent all geographic areas of the community? What areas seem to be under represented?)					
2. To what degree are I&A services available to all	1	2	3	4	5
populations in your community without bias?					
(What are the demographic characteristics of I&A consumers in your community? How do consumers' characteristics compare to the characteristics of the general older and disabled adult population in your community?)					
3. Are fair standards established by I&A providers to	Ye	es]	No
determine what agencies/organizations can be represented					
in their database/list?					
(What are the policies governing inclusion in the I&A database/list? Are for profits included? Is there a fee for inclusion? Does this fee apply only to for-profit services or to all providers?)					
OVERALL EQUITY RATING	1	2	3	4	5

F. Quality/Effectiveness How successful are these services in addressing consumers' needs?							
1. To what extent do the I&A programs follow Home and	1	4	5				
Community Care Block Grant (HCCBG) I&A standards?	1	2	3	7	5		
(Are all hotlines and I&A programs in your community funded under HCCBG? For those funded by HCCBG, what violations have been identified in recent monitoring reports? How have they been rectified? If there are non-HCCBG programs, are they subject to monitoring by a funder or professional board?)							
2. To what extent do the I&A programs follow national AIRS standards?	1	2	3	4	5		
3. To what degree are I&A staff Certified Information and Referral Specialists (CIRS)? (What are the job requirements and training required for I&A)	1	2	3	4	5		
workers? What % of current staff are certified?)							
4. To what extent do the I&A providers conduct follow-up activities?	1	2	3	4	5		
(What are the policies, rules, procedures on conducting follow-ups? What % of consumers receive follow-up calls or visits?)							
5. To what extent do the I&A programs have special quality assessment or improvement efforts underway?	1	2	3	4	5		
(What process, QA and outcome evaluations have been performed in the past 5 years?)							
6. To what extent do advisory committees guide the operations of the I&A programs?	1	2	3	4	5		
(Do the I&A programs have advisory committees? If so, who is on the advisory committees? How often do they meet? What are their responsibilities?)							
7. To what extent do the I&A providers survey consumers and their families to determine satisfaction with services? (What types of consumer surveys have been conducted in the past 5	1	2	3	4	5		
years? What was found? How often are surveys conducted?)	1						
8. To what extent do the providers act on consumers' feedback?	1	2	3	4	5		

(What policy or program changes have been made as a direct result of consumer feedback?)					
9. How sufficient is the complaint resolution process?	1	2	3	4	5
(What is the complaint resolution process? How many complaints were documented last year? What was the nature of those complaints? What % were resolved?)					
10.To what extent are complaints considered during planning, program development, or quality improvement efforts?	1	2	3	4	5
(What policy and/or program changes have been implemented as a direct result of consumer complaints?)					
11.To what extent can the I&A programs accommodate the needs of all consumers and/or families requesting services?	1	2	3	4	5
(What % of callers can't be helped? What are the major problems of those who can't be helped/referred on?)					
12.To what degree are older and disabled adults and their families connecting to services and receiving benefits as a result of I&A services?	1	2	3	4	5
(What % of consumers receive services and/or benefits as a direct result of an I&A referral? For those who could not be helped, what were the primary causes [e.g. no appropriate services in the community, waiting lists for appropriate services, caller did not qualify for the available services, request was inappropriate]?)					
13.To what extent has the number of I&A inquiries increased from year to year?	1	2	3	4	5
(How many I&A contacts occurred in each of the past 5 years?)	1		2		~
14.To what extent do the I&A providers regularly communicate unmet needs to county commissioners, planning bodies, and other agencies?	1	2	3	4	5
(Are I&A providers represented in meetings with county commissioners, planning boards and other planning bodies? Do I&A providers report their consumers' most requested needs to decision making bodies? Do I&A providers report unmet needs to decision making bodies?)					
OVERALL QUALITY/EFFECTIVENESS RATING	1	2	3	4	5

Recap of Overall Information and Assistance Ratings										
Existence	1	2	3	4	5					
Adequacy	1	2	3	4	5					
Accessibility	1	2	3	4	5					
Efficiency and Duplication	1	2	3	4	5					
Equity	1	2	3	4	5					
Quality/ Effectiveness	1	2	3	4	5					

Information and Assistance's Major Strengths:

Identified Barriers and Areas for Improvement: